

**Certificate of Authority # 2**

*(Corporation, Non-Profit Corporation)*

**Corporate Bylaws**

I, \_\_\_\_\_, hereby certify that I am duly elected Clerk/Secretary/Officer of  
*(Name)*

\_\_\_\_\_. I hereby certify the following is a true copy of the  
*(Name of Corporation )*

current Bylaws or Articles of Incorporation of the Corporation and that the Bylaws or

Articles of Incorporation authorize the following officers or positions to bind the

Corporation for contractual obligations \_\_\_\_\_.  
*(list officer titles or position)*

I further certify that the following individuals currently hold the office or positions  
authorized: \_\_\_\_\_.  
*(list individuals holding positions authorized)*

I further certify that it is understood that the State of New Hampshire will rely on this  
certificate as evidence that the person listed above currently occupies the position indicated  
and that they have full authority to bind the corporation. This authority **shall remain valid**  
**for thirty (30) days** from the date of this certificate.

**DATED:** \_\_\_\_\_

**ATTEST:** \_\_\_\_\_  
*(Name & Title)*